J 1	AISSC	UR	I DI	VIS	SION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-0352$:01
DO NOT WRITE AMENDED					egistration District No	BER
ON THIS STUB	AI	WEND	ED	=	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Re	sidence before
V\$ 300					a. COUNTY JASPER b. COUNTY JASPER	admission)
Rev. 4/59	S				OR OR	Inside Limits
1-1100	AMENDED	ļ		l —		Yes No Reside on Farm
2049A	DATE			_	HOSPITAL OR II ADDRESS	Yes D No D
3		1-		=:	NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print)	Year
4 0					ROE GLEN MULLINS DEATH SEPTEMBER 21	1962
4 0					Months Days	Hours Min.
5 /				10	MALE WHITE WIGOWED DIVISION 4-6-1899 63 DIVISION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WI	HAT COUNTRY
6	Ş		$ \cdot $	١.	during most of working life, even if retired)	
7	FOLLOWS				RETTRED) CARPENTER PUTT DTNG DUENTEG, MO 11.5 A 13. MOTHER'S MANE 14. NAME OF HUSBAND OR WIFE	
<u>' 0</u>	진	Ì			JOHN T. MILLINS MARY JANE KETCHERSIDE DAISY ONNA MULLI	NS
8 0	AS				5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no, or unknown); (If yes, give war or dates of service)	
94200	ARE				MRS. DATSY MULTINS. DUENVEG. M	NAL BETWEEN
10	1 1		N E		PART I. DEATH WAS CAUSED BY:	ET AND DEATH
11	RECORD EAD OF		DOCUMENT		IMMEDIATE CAUSE (a) Corebral Emboli	5 day s
	AP G		Į į		Conditions, If any, } DUE TO (b) Arteriosolerotic heart disease	
13.2	HIS REC				which gave rise to above cause (a), stating the under-	
×102-0	NO			z	lying cause last. J DUE TO (c)	as female was
				CERTIFICATION	disease condition given in PART I (a) there a pregnancy	y in last 90 days.
				IFIC	Thrombus, left femoral artery, 4 days Yes No	
	<u> </u>			I	PERFORMED? YES NO	116111 10.7
y O	AMENDMENTS			WEDICAL	20c. TIME OF Hou Month, Day, Year INJURY a.m. p.m. C	
USE BLACK INK OR PEWRITER RIBBON				¥	20d. INJURY OCCURRED WHILE AT WORK A farm, factory, street, office bldg., etc.) 100 PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY while AT WORK A	STATE
A P	READ	j				962
BL,					Death occurred at 8.308 m on the date stated above, and to the best of my knowledge, from the caus	
SE EV			ᄔ			22c. DATE SIGNED
USE BLAC OR FYPEWRITER	SHOULD		VITO			9-22 -62
,-	│ ├─ े		<u> </u>	23	IB. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
	Š.		AFFIDA		BURIAL 9-23-62 STONEY POINT DUEN 725 MC)
	Ĩ.		BY A	_	I. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE URLBUT-GLOVER MORTUARY. JOPLIN. MO. 9-22-1962	41/11/11
İ	=		8	<u> H</u>	URLBUT-GLOVER MORTUARY, JOPLIN, MO. 9-22-1962 NOTOTO 1000	mune
					(Ficeused cumpanum a Statement ou Kezatsa Side)	

STATEMENT BY LICENSED EMBALMER

	I hereby	certify th						de of this certificate was embalmed by me,
or by								, Student Embalmer No
worki	ng under	my person	al super	vision.			Q	1710
Stude	ntt		e of Stude	nt Embel		Signed_	Diore	ed Mux
••	;		e 01 310de		· · · · · .		()	P. O. Address 731 Wall Japan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.